DEPARTMENT OF CORRECTIONS

Policy Number:	**500.055**
Title:	**Dental Services**
Effective Date:	**2/19/26**

PURPOSE: To provide procedures for delivery of dental services to incarcerated people and juvenile residents. A Minnesota-licensed dentist provides and/or directs responsive, clinically-appropriate emergency, urgent, and routine dental care to incarcerated people/residents.

APPLICABILITY: Minnesota Department of Corrections (DOC); all adult facility dental clinics; all juvenile facility dental clinics

DEFINITIONS: None

PROCEDURES:

A. **General Dental Care Provisions**

A Minnesota-licensed dentist provides and/or directs responsive, clinically appropriate emergency, urgent, and routine dental care to incarcerated people/residents. Access is accomplished through examination, referral, kite, or sick call.

1. A nurse practitioner, registered nurse, licensed practical nurse or other health screening staff person must complete a dental screening within 24 hours of the incarcerated person's/resident's arrival to the facility.

2. Dental staff must ensure each incarcerated person/resident receives American Dental Association (ADA) endorsed oral hygiene literature and a department dental care pamphlet summarizing the department dental health care policy and access-to-care instructions.

B. **Receiving Facility Examination for Adult Incarcerated People**

1. A Minnesota-licensed dentist must complete a dental examination of each incarcerated person within 30 days of initial intake into the DOC for all incarcerated people who have not had a receiving facility examination (RFE) within the past three years (prior incarceration), unless the incarcerated person declines.

2. The attending dentist must take or review the incarcerated person's dental and medical history, examine the hard and soft tissues of the oral cavity, and document a periodontal screening report (PSR). Radiographs (x-rays) for diagnostic purposes are taken if deemed necessary. The examination results are recorded in the dental record. The incarcerated person receives verbal or written hygiene instructions and access-to-care instructions.

C. **Receiving Facility Examination for Juvenile Residents**

A licensed dentist completes a receiving facility examination (RFE) within 14 days of admission, unless the resident declines or documentation of a dental examination completed within the last six months is provided, and orders diagnostic x-rays as necessary. Preventive care, including

prophylaxis, oral disease education, and oral hygiene instructions, is completed by a dentist or dental trained personnel within 14 days of admission unless the resident declines or documentation of dental preventive care completed within last 6 months is provided.

D. **Dental Care Prioritization**

The attending dentist prioritizes treatment based on six levels of dental care.

1. **Level One – Emergency Dental Care**

   a) Dental care that is essential and timely to treat acute uncontrolled pain, swelling, bleeding, and serious dental/oral injuries without which rapid deterioration may be expected, and in some cases have a potentially fatal outcome.

   b) This includes such examples as: Acute cellulitis, osteomyelitis, acute abscess, fractured jaw, Ellis class IV tooth fracture, and traumatic tooth avulsion.

   c) In contract, **non**-emergency dental care includes such examples as: Controllable tooth pain from missing teeth, lost fillings, cavities, chipped/cracked/broken teeth, loose teeth, bleeding gums, erupting wisdom teeth, and cold sensitivity.

   d) All incarcerated people/residents have access to emergency care at any time through staff referral, proper use of kites, and/or sick call.

2. **Level Two – Urgent Dental Care**

   a) Level two urgent dental care is non-emergency dental care without which the patient's oral condition will almost certainly deteriorate to an emergency level before the patient is eligible for routine care or before the patient is released from the DOC.

   b) Services include such examples as: Sedative fillings for symptomatic deep carious or fractured teeth; limited localized root planing and scaling for acute periodontitis; oral pathology consults; excision of a tumor; re-cementation of lost bridges and/or crowns on asymptomatic, viable, non-carious teeth; extractions of acute non-restorable teeth; treatment for pericoronitis; treatment for acute symptomatic wisdom teeth; and beginning endodontic treatment such as pulp capping and pulpotomy for restorable acute irreversible pulpitis.

   c) The placement of a permanent final restoration will only be considered when the retention of temporary/provisional material is questionable.

   d) Emergency and urgent care needs are prioritized for treatment contingent upon a department dentist's discretion and appointment availability.

3. **Level Three – Routine Dental Care – Restorative**

   a) **Juvenile Residents**: Routine restorative care is provided as availability permits. Residents are eligible for level three dental care treatment based upon their admission date. Eligibility for routine restorative dental care is available regardless of length of sentence and prioritized by date of admission.

b) **Incarcerated People**: Routine restorative care is provided as availability permits. Incarcerated people are eligible for level three care after they have served 24 months of their current sentence. The criteria used prior to initiating routine restorative care is:

1) Incarcerated person's health is stable to proceed with treatment;
2) Incarcerated person understands treatment limitations;
3) Incarcerated person consents to the routine restorative treatment plan;
4) Incarcerated person is cooperative with realistic expectations;
5) Incarcerated person has documented stable and improving periodontal status; and
6) Incarcerated person has good oral hygiene.

c) **Incarcerated Peoples Eligibility**:
Eligibility for routine restorative dental care begins when the incarcerated person requests treatment after completing 24 months of their current sentence, beginning at intake. Routine restorative care begins when the incarcerated person's name reaches the top of the computerized routine care waiting list and all facility emergency/urgent dental care has been completed. The 24-month criteria may be waived if there are no incarcerated people/residents on the waiting list.

d) **Incarcerated People Prioritization**:
Eligibility is prioritized. Specifically, those incarcerated people who have been on the waiting list for a longer period of time have their routine dental care needs addressed before the needs of incarcerated people with initial eligibility. Incarcerated people serving lengthy sentences and who are requesting routine care on an annual basis, must submit a kite request.

4. **Level Four – Routine Dental Care – Prosthetics**:
Provided as availability permits. Dental prosthetics (full and partial dentures) are classified as routine treatment to be considered only after the incarcerated pereson's or resident's routine restorative treatment is completed and the incarcerated person or resident meets the outlined criteria. The attending dentist classifies the treatment as necessary or elective, as outlined in this policy. Criteria used before starting prosthetic treatment are:

a) Pre-existing medical conditions must be conducive to a successful prosthetic replacement outcome.

b) Pertinent medical conditions identified by the medical staff are considered when implementing this policy.

c) Prosthetics must not normally be provided for cosmetic considerations.

d) Available treatment alternatives are considered.

e) A professional decision made by the facility dentist is based on both objective and subjective criteria prior to starting prosthetic treatment, including such examples as:
   (1) Pre-existing medical conditions must be favorable to a successful prosthetic outcome;
   (2) Prosthetics are not provided for cosmetic reasons;
   (3) Immediate dentures are not appropriate in a public health setting, as they are resource-intensive and are a cosmetic interim procedure for well-fitting dentures;
   (4) All available treatment alternatives and limitations have been considered and understood;
   (5) Patient needs and provider expectations must be determined;
   (6) Is lacking all teeth or there are seven or fewer posterior teeth in functional occlusion. If posterior teeth are missing in both arches, only one partial denture will be fabricated if it restores the patient to seven or more posterior teeth in functional occlusion;
   (7) Is lacking all teeth or the patient's remaining teeth do not provide minimally adequate chewing capacity – defined as the ability to soften and swallow the normal diet of food provided by DOC food services;
   (8) Stable systemic health;
   (9) Patient consents to the prosthetic treatment proposed;
   (10) Realistic expectations by the patient;
   (11) Exhibits strong desire, physical capacity, and mental capacity to begin and complete the learning process necessary to become proficient in using a prosthetic device;
   (12) Documented stable and/or improving periodontal status;
   (13) Meticulous oral hygiene;
   (14) Restorative treatment is complete;
   (15) Remaining teeth should be capable of being retained long-term. Non-viable and questionable teeth should be removed.

5. **Level Five: Routine Dental Care – Endodontic Treatment**:
   a) Provided as availability permits. Endodontic treatment (root canal therapy on non-vital asymptomatic anterior and premolar teeth) is considered routine dental care. Endodontic treatment will not be performed, or an alternative treatment offered, if any of the following conditions are present:
      (1) Oral hygiene is non-existent;
      (2) The tooth is periodontally compromised;
      (3) Patient has an extreme caries rate;
      (4) The tooth requires a crown; or
      (5) The tooth is non-essential to maintain the integrity of the arch.

   b) Root canal therapy performed on first, second, and third molars in a state DOC facility is considered elective care that does not meet community standards for on-site treatment. These procedures must be referred to an outside community specialist and are performed at the patient's expense, as they fall outside the scope of services provided in a public health setting.

6. **Elective Procedures Not Provided by DOC**:

a) Procedures that are cosmetic in nature and of extremely limited therapeutic value generally are considered elective and extend beyond the scope of routine dental care in a public health setting, which is consistent with the Medical Assistance dental guidelines and consequently will not be able to be offered within the DOC.

b) Elective procedures include such examples as: Temporomandibular joint (TMJ) surgery, orthodontic procedures, vital and non-vital bleaching, veneers, inlays, implants and/or implant restorations, fixed cast restorations (crowns), fixed bridgework, cosmetic surgery, cosmetic partial dentures, first, second, and third molar root canal therapy, periodontal surgery, apicoectomies, retrograde fillings, or root canal retreats.

E. **Private Dental Care**

Incarcerated people or residents may obtain optional dental treatment not available in DOC dental facilities, or incarcerated people or residents who are ineligible may request access to routine care before their eligibility, at their own expense by seeking treatment from practitioners in the community. Incarcerated people and residents must follow the procedures outlined in Policy 500.135, "Requested Private Health Care." Department dentists are not obligated to carry out any recommendations or treatment plans formulated by these outside practitioners if ongoing care is required. The outside provider is not authorized to perform care within the correctional facility.

F. **Treatment Plan**

The attending dentist develops an individualized dental treatment plan before beginning dental treatment.

G. **Access to Dental Care**

All incarcerated people and residents access dental care through the kite system, sick call, or referral from a medical practitioner.

H. **Incarcerated Person's Co-Payment**

Incarcerated people are charged a co-payment for dental services under Policy 500.100, "Co-Payment for Health Services."

I. 24-Hour Access to Care

An on-site medical practitioner or on-call medical physician is contacted for all dental emergencies, when the dentist is not available. Incarcerated people or residents may also be sent to the emergency room for care.

J. **Dental Standing Orders**

1. **Incarcerated people**: Dental standing orders are available to treat non-emergency dental concerns when the dental staff is not available. After treatment by dental standing orders, the incarcerated person is referred to the dental clinic.

2. **Residents**: Nursing dental assessments are available to treat dental emergencies when the dental staff is not available. Twenty-four-hour emergency medical and dental care is available through an on-call physician and local hospital emergency care. After treatment by nursing dental standing orders, the patient must be referred to the next available dental clinic.

K. **Dental Records**

All dental services are documented in the incarcerated person's or resident's dental record. Dental records are maintained with the medical record upon release.

INTERNAL CONTROLS:

A. Documentation of the receiving facility dental exams and all other dental care is retained in the incarcerated person's or resident's dental record. Dental records are maintained with the medical record upon release.

STATE CORRECTIONAL FACILITY SECURITY AUDIT STANDARDS: None

REFERENCES:
Policy 500.010, "Health Services"
Policy 500.050, "Health Screenings and Full Health Appraisals"
Policy 202.040, "Incarcerated Person Intake Screening and Processing"
Policy 500.135, "Incarcerated Person Requested Private Health Care"
Policy 500.040, "Standing Orders"
Policy 500.100, "Incarcerated Person Co-Payment for Health Services"

REPLACES: Policy 500.055, "Dental Services," 4/17/18
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVALS:
Commissioner of Corrections